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Bib Data Sheet

CONFIRMATION NO. 8501

SERIAL NUMBER 10/732,983	FILING OR 371(c) DATE 12/10/2003 RULE	CLASS 606	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. S63.2B-10888-US01
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Ch</u> Initials				

ADDRESS

490

TITLE

Balloon catheter tip design

FILING FEE RECEIVED 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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